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OIP Ender the Paperw	vork Reduction Act of 1995, no persons are required to res	U.S. Patent as pond to a collection of		se through 03/31/2007. OMB 0651-0031 ; U.S. DEPARTMENT OF COMMERCE it contains a valid OMB control number.
3	Request	Application N	1	10/507,931
APR 2 0 2007	For	Filing Date		April 28, 2005
77)	ued Examination (RCE)		Unventor	
Address to:	Transmittal	First Named	imventoi	Butterworth, Andrew
Mail Stop RCE		Art Unit		3736
Commissioner for Pa P.O. Box 1450	tents	Examiner Na	ame	Rogers, Kristin D
Alexandria, VA 22313	3-1450	Attorney Doo	cket Number	STHP-018
Request for Continued I 1995, or to any design a	or Continued Examination (RCE) under 37 Examination (RCE) practice under 37 CFR 1.114 d application. See Instruction Sheet for RCEs (not to	pes not apply to an be submitted to the	ny utility or plant ap ne USPTO) on pag	oplication filed prior to June 8, e 2.
amendments enclo	tired under 37 C.F.R. § 1.114 Note: If the RCE osed with the RCE will be entered in the order in who wish to have any previously filed unentered amend	ich they were filed	l unless applicant i	instructs otherwise. If
	ly submitted. If a final Office action is outstanding, red as a submission even if this box is not checked		filed after the final	Office action may be
I — —	sider the arguments in the Appeal Brief or Reply B	rief previously filed	d on	
b. Enclosed	er			
	endment/Reply (13 pgs) iii.	Information Di	isclosure Stateme	nt (IDS)
I	davit(s)/Declaration(s) iv.			nin Amendment (4 refs)
	ion of action on the above-identified application is r f months. (Period of suspension shall not excee	•	, ,	
	ee under 37 C.F.R. § 1.17 (e) is required by 37 C.F			
a. The Direct Deposit A	ctor is hereby authorized to charge any underpaym ccount No. 50-0815.	ent or credit any o	verpäytääüs hase	Alated Mithal Sciol Control of the state of
	E fee required under 37 C.F.R. § 1.17 (e)	ا.	01 TE:2801	<del>-395.00 CP</del>
ii 🔀 Exte	ension of time fee (37 C.F.R. §§ 1.136 and 1.17)			
	er <u>Duplicate copy of this transmittal for fee prod</u>	essing purposes	; Fee transmittal	for add'l claim, in duplicate
1 —	Return Postcard the amount of \$ enclosed	· ·	04/23/2007 WASF	AW1 00000002 10507931
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	SIGNATURE OF APPLICANT, ATT	DRNEY, OR AGEN	NT REQUIRED	
Signature	Bret E. Field	Date	April 20,	2007
Name (Print/Type)		Registration	No. <b>37,620</b>	
	CERTIFICATE OF I			
nereby certify that this c envelope addressed to: N	orrespondence is being deposited with the United Stat Mail SoppRCE, Commissioner for Patents, P. O. Box 1	es Postal Service as 450, Alexandria, VA	s Express Mail, labe 22313-1450 on the	el number EV954013792US, in an electric de date shown below.
Signature	Chris Carter			
Name (Print/Type)	Chris Carter	Date Ap	oril 20, 2007	

This collection of information is required by 37 CFR 1.114. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date 04/20/2007

Utility   300   150   500   250   200   100     Design   200   100   100   50   130   65     Plant   200   100   300   150   160   80     Reissue   300   150   500   250   600   300     Provisional   200   100   0   0   0      2. EXCESS CLAIM FEES   Small Elements   Small Elements     Each claim over 20 (including Reissues)   50   25     Each independent claims   Extra Claims   Fee (\$)   Fee (\$)     Total Claims   Extra Claims   Fee (\$)   Fee Paid (\$)     HP = highest number of total claims paid for, if greater than 20     Indep. Claims   Extra Claims   Fee (\$)   Fee Paid (\$)     Fee Paid (\$)   Fee (\$)   Fee Paid (\$)     Fee Paid (\$)   Fee (\$)   Fee Paid (\$)     Fee (\$)   Fee Paid (\$)     Fee Paid (\$)   Fee Paid (\$)   Fee Paid (\$)     Fee Paid (\$)   Fee Paid (\$)   Fee Paid (\$)     Fee Paid (\$)   Fee Paid (\$)   Fee Paid (\$)   Fee Paid (\$)   Fee Paid	FEE TRANSMITTAL For FY 2006  Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT (\$) 25.00  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order No.  Deposit Account Deposit Account Number: 50-0815 For the above-identified deposit account, the Director is head.	Filing Date First Named Inventor Examiner Name Art Unit Attorney Docket Note One Other (pleators) Deposit Account Natereby authorized to: (continued)	April 2 or Butter Roger 3736 b. STHP ase identify): ame: Bozicev	28, 2005 rworth, Andr rs, Kristin D -018	
FEE TRANSMITTAL For FY 2006  Applicant claims small entity status. See 37 CFR 1.27  Art Unit  3738  TOTAL AMOUNT OF PAYMENT  (\$) 25.00  Attorney Docket No.  STHP-018  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order  None  Other (please identify):  Deposit Account Deposit Account, Number: 50-0815 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below  Charge fee(s) indicated below  Charge any additional fee(s) or underpayments of fee(s)  Charge any additional fee(s) or underpayments of fee(s)  Charge fee(s) indicated below  Charge any additional fee(s) or underpayments of fee(s)  Charge fee(s) indicated below  Terefit and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  Small Entity  Application Type Fee (\$) Fee (\$	FEE TRANSMITTAL For FY 2006  Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT (\$) 25.00  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order No.  Deposit Account Deposit Account Number: 50-0815 For the above-identified deposit account, the Director is head.	Filing Date First Named Inventor Examiner Name Art Unit Attorney Docket Note One Other (pleators) Deposit Account Natereby authorized to: (continued)	April 2 or Butter Roger 3736 b. STHP ase identify): ame: Bozicev	28, 2005 rworth, Andr rs, Kristin D -018	
FIGH TY 2006  Applicant claims small entity status. See 37 CFR 1.27  Art Unit  3736  TOTAL AMOUNT OF PAYMENT  (\$) 25.00  Attorney Docket No.  STHP-018  METHOD OF PAYMENT (check all that apply)  Check  Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee of the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee of the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee of the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below, except for the filing fee of the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below, except for the filing fee of the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below, except for the filing fee of the above-identified deposit account Name:  Bozicevic, Field & Francis LLI  Charge fee(s) indicated below, except for the filing fee of the above-identified deposit account Name:  Bozicevic, Field & Francis LLI  Charge fee(s) indicated below, except for the filing fee of the above-identified deposit account Name:  Bozicevic, Field & Francis LLI  Charge fee(s) indicated below, except for the filing fee of the filing fee of the above-identified deposit account Name:  Bozicevic, Field & Francis LLI  Charge fee(s) indicated below, except for the filing fee of the filing fee of the filing fee of the director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below or provide credit card information should not be includ	For FY 2006  Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT (\$) 25.00  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order No.  Deposit Account Deposit Account Number: 50-0815  For the above-identified deposit account, the Director is head.	Examiner Name Art Unit Attorney Docket No one Other (plea	Roger 3736 5. STHP- asse identify): _ ame: Bozicev	worth, Andr s, Kristin D -018 vic, Field & F	
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METHOD OF PAYMENT (check all that apply)  □ Check □ Credit Card □ Money Order □ None □ Other (please identify): □ □ Deposit Account Deposit Account Number: 50-0815 □ Deposit Account Name: Bozicevic, Field & Francis LLi For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) □ Charge fee(s) indicated below □ Charge fee(s) indicated below, except for the filling fe □ Charge any additional fee(s) or underpayments of fee(s) □ Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Small Entity Application Type Fee (\$) Fe	METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order No Deposit Account Deposit Account Number: 50-0815 For the above-identified deposit account, the Director is h	Deposit Account Na ereby authorized to: (c	ase identify): _	vic, Field & F	rancie I I P
Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 50-0815 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee of the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee of the filling fee of the filling fee of the filling fee of the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below, except for the filling fee of the	Check Credit Card Money Order No Deposit Account Deposit Account Number: 50-0815 For the above-identified deposit account, the Director is h	Deposit Account Na ereby authorized to: (c	me: <b>Bozice</b>	vic, Field & F	rancie I I P
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For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee Charge any additional fee(s) or underpayments of fee(s) Under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  Small Entity Application Type Fee (\$) Fee (	For the above-identified deposit account, the Director is h	ereby authorized to: (c			rancie I I D
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Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filling fee  Charge any additional fee(s) or underpayments of fee(s)  Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  Small Entity  Application Type  Fee (\$)		Ė			I GITOIS LLF
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  Small Entity  Application Type  Fee (\$) Fee	Charge ree(s) indicated below			4 6	46 - 610 6
under 37 CFR 1.16 and 1.17           WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.           FEE CALCULATION           1. BASIC FILING, SEARCH, AND EXAMINATION FEES           FILING FEES Small Entity         SEARCH FEES Small Entity         EXAMINATION FEES Small Entity           Application Type         Fee (\$)         Fee (\$) <th< td=""><td><b>_</b> • • • • • • • • • • • • • • • • • • •</td><td> Charge ree(s)</td><td>ndicated beio</td><td>w, except for</td><td>tne filing fee</td></th<>	<b>_</b> • • • • • • • • • • • • • • • • • • •	Charge ree(s)	ndicated beio	w, except for	tne filing fee
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Design   200   100   100   50   130   65     Plant   200   100   300   150   160   80     Reissue   300   150   500   250   600   300     Provisional   200   100   0   0   0      2. EXCESS CLAIM FEES   Small Elements     Fee Description   Fee (\$)   Fee (\$)     Each claim over 20 (including Reissues)   50   25     Each independent claims   Extra Claims   Fee (\$)   Fee Paid (\$)     Multiple dependent claims     Total Claims   Extra Claims   Fee (\$)   Fee Paid (\$)     HP = highest number of total claims paid for, if greater than 20     Indep. Claims   Extra Claims   Fee (\$)   Fee Paid (\$)     Fee Paid (\$)   Fee Paid (\$)   Fee Paid (\$)     Fee Paid (\$)   Fee Paid (\$)   Fee Paid (\$)     Fee Paid	Application Type Fee (\$) Fee (\$)	Fee (\$)	_		Fees Paid (\$
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Reissue         300         150         500         250         600         300           Provisional         200         100         0         0         0           2. EXCESS CLAIM FEES         Small Effect (\$)         Fee (\$)         Fee (\$)         Fee (\$)           Each claim over 20 (including Reissues)         50         25         25           Each independent claim over 3 (including Reissues)         200         100           Multiple dependent claims         360         180           Total Claims         Extra Claims         Fee (\$)         Fee Paid (\$)           HP = highest number of total claims paid for, if greater than 20         Fee (\$)         Fee Paid (\$)           Indep. Claims         Extra Claims         Fee (\$)         Fee Paid (\$)	č			_	
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2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)  Multiple dependent claims Total Claims Total Claims 1	Reissue 300 150 500	250	600	300	
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	3. APPLICATION SIZE FEE				
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If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).	Total Sheets Extra Sheets Number of ea	ch additional 50 or fr	raction there	of Fee (\$)	<u>Fee Pa</u>
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets    Number of each additional 50 or fraction thereof   Fee (\$)   Fee Page 1.16(s)		(round <b>up</b> to a who	ne number)	×	_
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This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Name (Print/Type) | Bret E. Field